



Alabama Medicaid

Health Insurance Portability and Accountability Act (HIPAA)



NCPDP 5.1 Interactive and 1.1 Batch Alabama Specifics for the Eligibility Verification (E1) Transaction

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1. Overview

HIPAA standards require the implementation of the National Council for Prescription Drug Programs (NCPDP) Eligibility Verification (E1) transaction. This transaction is used to request verification of a patient's or cardholder's status for a given benefit program. Pharmacy providers can utilize this transaction using the same software they currently now use for billing.

E1 transactions will be accepted interactively (5.1 Standard) or in batch mode (NCPDP 1.1 Standard). EDS will process only one interactive transaction request per transmission, as stated in the NCPDP specifications.

1.1 Audience

This document is written for the benefit of vendors who create software for providers that bill pharmacy claims to the Alabama Medicaid Agency via electronic media.

1.2 Testing

All vendors are required to test prior to the submission of production claims. For more information, please call the EDS Testing Team at (334) 215-4250 or by email at hipaa@alxix.slg.eds.com.

1.3 Implementation

According to HIPAA guidelines, all providers must submit pharmacy billing transactions to EDS by October 16, 2003. However, Alabama Medicaid is implementing all HIPAA transactions on September 27, 2003. Any transactions submitted on or after September 27, 2003 in a non-HIPAA compliant format will be rejected.

1.4 Additional Resources

Users of this document may also reference the following documents for details on the specific guidelines for implementation of the E1 transactions.

- Telecommunication Standard-Implementation Guide, Version 5 Release 1, June 2000
- Telecommunication Standard Specification, Version 5 Release 1, September 1999
- NCPDP Batch Standard Batch Implementation Guide, Version 1 Release 1

The above documents can be obtained by making a request by phone at (602) 957-9105 or by email at ncpd@ncpd.org.

2. Issues

The following sections provide specific information regarding the implementation of the interactive and batch Eligibility Verification (E1) transaction. Each section highlights important information on the E1 transaction.

2.1 Field Justification

The NCPDP format allows variable length transactions only. However, if you choose to pad each field, all alpha-numeric fields should be left justified and numeric fields should be right justified.

2.2 Field Format Values

"N" = Unsigned Numeric, always right justified, zero filled.

Example: 9(7)v999 represents 9999999999

Truncation: 0000000400 becomes 400

"D" = Signed Numeric, sign is internal and trailing (refer to the Implementation Guide on Internal Representation of Overpunch Signs), zero always positive, always right justified, zero filled dollar-cents amount with 2 positions to the right of the implied decimal point, all other positions to the left of the implied decimal point.

Example: "D" fields of length 8 represent \$\$\$\$\$\$cc

Truncation: 00000210{ becomes 210{

"A/N" = Alpha/Numeric, upper case when alpha, always left justified, space filled, printable characters.

Truncation: "1234ABC44bbbb" becomes "1234ABC44"

2.3 Truncation of Fields

To truncate a field:

NUMERIC (N or D): Remove leading zeros

ALPHANUMERIC (A/N): Remove trailing spaces

When transmitting a record, truncating trailing blanks and leading zeros within fields in the variable portions of the record is recommended. If a field in one of the variable portions is empty, omit the field entirely (including the Field Separator and Field Identifier). Do not truncate or eliminate any fields in the required header segments.

2.4 File Layout

The only mandated segments for the E1 request transaction will be the header and the insurance segment. These segments provide the necessary data required for an E1 request. The E1 response transaction will consist of only a response header segment and a response status segment.

For NCPDP batch E1 transactions, the 5.1 E1 transactions will be wrapped in the batch standard 1.1 format. The batch file will consist of three sections: the header, data, and trailer. The header and trailer must be present in every transmission. Start of Text and End of Text is used to mark the beginning and ending of each records within a file.

Transaction Header	1 per file
Transaction Detail Data	
Transaction Detail Data	
	Up to 9,999,999,999 records per file
Transaction Trailer	1 per file

2.5 Date Format

All dates are in the format "CCYYMMDD". A 4-digit year is used to minimize software conversion at the change of the century, and to properly handle situations such as when patients are older than 100 years.

2.6 Duplicate

If a duplicate transmission occurs, the returned response should be the same as the original transmission response.

2.7 Separator Character Fields

The software that creates transactions according to the rules of this specification must ensure that the segment, group and field separator characters do not appear as data in any field.

Note: The transmission of an Eligibility Verification transaction does not use a group separator. The transmission of the Eligibility response does have a Group Separator, so that all response transmissions can be parsed the same way (with the Response Status Segment coming after the Group Separator).

2.8 Optional Fields

Optional segments and fields provide additional information. Optional segments and fields may or may not be transmitted, depending upon trading partner needs. Refer to the record layouts in Section 4 of this document for segments and fields that are optional.

2.9 Rejection Codes

In order to limit the potential size of a response, a maximum of 5 NCPDP reject codes will be returned for the NCPDP variable length reply. Refer to Section 3 of this document for a listing of reject codes. For a more detailed listing, refer to the Implementation Guide.

3. Edits

3.1 NCPDP E1 Edits

Below are the edits that will be performed as part of the eligibility verification transaction. The table provides the NCPDP error codes and the AEVCS error codes on an E1 transaction:

Field to be validated	NCPDP Field #	NCPDP Reject Code	AEVCS error code	Error code explanation	Edit Criteria
Transaction Count	109	A9	Z990	M/I Transaction count	Value must be 1
Service Provider ID Qualifier	202	B2	9310	M/I Service Provider ID Qualifier	Value must be = 05 (Medicaid)
Segment ID / Insurance Segment	111	PJ	9320	M/I Insurance Segment	Must send segment
Date of Service	401	15	1000	M/I Date of Service	Must be valid date Cannot be future date
Service Provider ID	201	40	2210	Provider deceased	Provider has an action reason code of 41
			2240	Provider has been cancelled	Provider has an action reason code of 40, 49, or 50
			2280	Provider not enrolled on date of service	Provider does not have an action reason code of '01' or '06' covering the date of service
			2290	Provider not on file	Provider does not exist on the provider master file
Cardholder ID	302	07	2500	Recipient number not on file	Cardholder ID does not exist on recipient master file
			2501	Recipient missing or invalid	Cardholder ID submitted was either zeroes or spaces or check digit is not numeric
			2502	Recipient on cross reference but not on base – contact EDS	Cardholder ID is on the cross reference file, but not on base.
			2510	Recipient has unusable eligibility record	Cardholder ID is on file and valid, but the eligibility record is incomplete
Cardholder ID	302	67	2620	Recipient is ineligible for date of service	Recipient is not eligible for the date of service submitted

4. Batch Layout

Transaction Header Definition

Field	Field Name	Type	Length	Start	End	Value
880-K4	Text Indicator	A/N	1	1	1	Start of Text (STX) = X'02'
701	Segment Identifier	A/N	2	2	3	00 = File Control (header)
880-K6	Transmission Type	A/N	1	4	4	T = Transaction R = Response E = Error
880-K1	Sender ID	A/N	24	5	28	To be defined by processor/switch
806-5C	Batch Number	N	7	29	35	Assigned by Sender. Matches trailer. To be returned in Response or Error file from processor/switch.
880-K2	Creation Date	N	8	36	43	Format = CCYYMMDD
880-K3	Creation Time	N	4	44	47	Format = HHMM
702	File Type	A/N	1	48	48	P = Production T = Test
102-A2	Version/Release Number	A/N	2	49	50	Version/Release # of Header Data
880-K7	Receiver ID	A/N	24	51	74	To be defined by processor
880-K4	Text Indicator	A/N	1	75	75	End of Text(ETX) = X'03'

Transaction Header Notes

1. Only one Header record per file.
2. Transmission Type "T" is required when the pharmacy is submitting a batch.
Transmission Type "E" is required when the entire batch has been rejected by the processor or switch.
Transmission Type "R" is returned to the pharmacy to denote the file contains responses to claims.
3. Sender ID - assigned by the processor or switch receiving the file. This ID reflects valid enrollment between trading partners for batch file submission.
4. Receiver ID – assigned by the processor or switch receiving the file. This ID reflects valid enrollment between trading partners for batch file submission.
5. Batch Number is assigned by the sender and must match the trailer Batch Number field.
6. The Batch Number on the Response file should be the same Batch Number from the Request file originally sent from the pharmacy. This will tieback the Request batch file to the Response batch file.
7. The Version/Release Number refers to the Version/Release of the Batch Standard.

Transaction Detail Definition

Field	Field Name	Type	Length	Start	End	Value
880-K4	Text Indicator	A/N	1	1	1	Start of Text (STX) = X'02'
701	Segment Identifier	A/N	2	2	3	G1=Detail Data Record
880-K5	Transaction Reference Number	A/N	10	4	13	To be determined by Provider
	NCPDP Data Record		Varies	14	Varies	B1, B2, or E1
880-K4	Text Indicator	A/N	1	Varies	Varies	End of Text(ETX) = X'03'

Transaction Detail Notes

1. The data record to be transmitted in this batch standard will follow the NCPDP Telecommunication Standard Version 3.2 or any higher Version/Release of the Telecommunication Standard.
2. The Transaction Reference Number is assigned by the Pharmacy. When the processor receives the file and begins processing the claims, the Transaction Reference Number must be returned with the response. The Transaction Reference Number is used to explicitly tie a response back to the original claim.

Transaction Trailer Definition

Field	Field Name	Type	Length	Start	End	Value
880-K4	Text Indicator	A/N	1	1	1	Start of Text (STX) = X'02'
701	Segment Identifier	A/N	2	2	3	99 = File Trailer
806-5C	Batch Number	N	7	4	10	Assigned by sender Matches Header.
751	Record Count	N	10	11	20	
504-F4	Message	A/N	35	21	55	
880-K4	Text Indicator	A/N	1	56	56	End of Text(ETX) = X'03'

Transaction Trailer Notes

1. Only one Trailer Record per file.
2. Batch number must match the Batch number field in the header record.
3. The record count field includes the total number of records in the batch, including the header and trailer records.
4. The message field can be used to further explain the reasons why the entire batch is in error, information about testing or any other information that needs to be sent regarding the batch. This field should only contain informational data and should not contain required data.
5. The maximum number of records in a file is 9,999,999,999, including 1 Transaction Header and 1 Transaction Trailer.

5. Record Layouts for the NCPDP E1 Request Transaction

Transaction Header Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
101-A1	BIN NUMBER	M	Card Issuer ID or Bank ID Number used for network routing.	9(6)	6	004146	004146
102-A2	VERSION/ RELEASE NUMBER	M	Code uniquely identifying the transmission syntax and corresponding Data Dictionary	x(2)	2	51=Version 5.1	51
103-A3	TRANSACTION CODE	M	Code identifying the type of transaction.	x(2)	2	E1=Eligibility Verification B1=Billing B2=Reversal B3=Rebill P1=PA Request & Billing P2=PA Reversal P3=PA Inquiry P4=PA Request Only N1=Information Reporting N2=Information Reporting Reversal N3=Information Reporting Rebill C1=Controlled Substance Reporting C2=Controlled Substance Reporting Reversal C3=Controlled Substance Reporting Rebill	E1=Eligibility Verification
104-A4	PROCESSOR CONTROL NUMBER	M	Number assigned by the processor.	x(10)	10		Value determined by submitter.
109-A9	TRANSACTION COUNT	M	Count of transactions in the transmission.	x(1)	1	Blank=Not Specified 1=One Occurrence	1=One Occurrence
202-B2	SERVICE PROVIDER ID QUALIFIER	M	Code qualifying the 'Service Provider ID' (201-B1).	x(2)	2	Blank=Not Specified 01=National Provider Identifier (NPI) 02=Blue Cross 03=Blue Shield 04=Medicare 05=Medicaid 06=UPIN 07=NCPDP Provider ID 08=State License 09=Champus 10=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA) 13=State Issued 14=Plan Specific	05=Medicaid (01=National Provider Identifier (NPI) - once implemented)
201-B1	SERVICE PROVIDER ID	M	ID assigned to a pharmacy or provider.	x(15)	15		9 digit assigned Provider Number

401-D1	DATE OF SERVICE	M	Identifies date the prescription was filled or professional service rendered.	9(8)	8		Format = CCYYMMDD
110-AK	SOFTWARE VENDOR/ CERTIFICATION ID	M	ID assigned by the switch or processor to identify the software source.	x(10)	10		Electronic Transmitter Identification Number (ETIN) will be sent here.

Transaction Insurance Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 01=Patient 02=Pharmacy Provider 03=Prescriber 04=Insurance 05=Coordination of Benefits/Other Payments 06=Worker's Compensation 07=Claim 08=DUR/PPS 09=Coupon 10=Compound 11=Pricing 12=Prior Authorization 13=Clinical	04=Insurance
302-C2	CARDHOLDER ID	M	Insurance ID assigned to the cardholder.	x(20)	20		13 digit Medicaid ID number.

Eligibility Transaction Accepted Response**Response Header Segment: Transmission Level**

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
102-A2	VERSION/RELEASE NUMBER	M	Code uniquely identifying the transmission syntax and corresponding Data Dictionary	x(2)	2	51=Version 51	51
103-A3	TRANSACTION CODE	M	Code identifying the type of transaction.	x(2)	2	E1=Eligibility Verification B1=Billing B2=Reversal B3=Rebill P1=PA Request & Billing P2=PA Reversal P3=PA Inquiry P4=PA Request Only N1=Information Reporting N2=Information Reporting Reversal N3=Information Reporting Rebill C1=Controlled Substance	E1
109-A9	TRANSACTION COUNT	M	Count of transactions in the transmission.	x(1)	1	Blank=Not Specified 1=One Occurrence	1 occurrence
501-F1	HEADER RESPONSE STATUS	M	Code indicating the status of the transmission.	x(1)	1	A=Accepted R=Rejected	A = Accepted
202-B2	SERVICE PROVIDER ID QUALIFIER	M	Code qualifying the 'Service Provider ID' (201-B1).	x(2)	2	Blank=Not Specified 01=National Provider Identifier (NPI) 02=Blue Cross 03=Blue Shield 04=Medicare 05=Medicaid 06=UPIN 07=NCPDP Provider ID 08=State License 09=Champus 10=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA)	Same as input.
201-B1	SERVICE PROVIDER ID	M	ID assigned to a pharmacy or provider.	x(15)	15		Same as input.
401-D1	DATE OF SERVICE	M	Identifies date the prescription was filled or professional service rendered.	9(8)	8		Same as input.

Response Status Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 20=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	21 = Response Status
112-AN	TRANSACTION RESPONSE STATUS	M	Code indicating the status of the transaction.	x(1)	1	A=Approved C=Captured D=Duplicate of Paid F=PA Deferred P=Paid Q=Duplicate of Capture R=Rejected S=Duplicate of Approved	A = Approved
503-F3	AUTHORIZATION NUMBER	O	Number assigned by the processor to identify an authorized transaction.	x(20)	20		12 digit eligibility authorization number. <i>Fmt = YYJJnnnnnnnn</i> <i>where YY is two digit year, JJJ is julian date.</i>

Eligibility Transaction Rejected Response**Response Header Segment: Transmission Level**

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
102-A2	VERSION/RELEASE NUMBER	M	Code uniquely identifying the transmission syntax and corresponding Data Dictionary	x(2)	2	51=Version 51	51
103-A3	TRANSACTION CODE	M	Code identifying the type of transaction.	x(2)	2	E1=Eligibility Verification B1=Billing B2=Reversal B3=Rebill P1=PA Request & Billing P2=PA Reversal P3=PA Inquiry P4=PA Request Only N1=Information Reporting N2=Information Reporting Reversal N3=Information Reporting Rebill C1=Controlled Substance	E1 = Eligibility
109-A9	TRANSACTION COUNT	M	Count of transactions in the transmission.	x(1)	1	Blank=Not Specified 1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	1 occurrence
501-F1	HEADER RESPONSE STATUS	M	Code indicating the status of the transmission.	x(1)	1	A=Accepted R=Rejected	A = Accepted

202-B2	SERVICE PROVIDER ID QUALIFIER	M	Code qualifying the 'Service Provider ID' (201-B1).	x(2)	2	Blank=Not Specified 01=National Provider Identifier (NPI) 02=Blue Cross 03=Blue Shield 04=Medicare 05=Medicaid 06=UPIN 07=NCPDP Provider ID 08=State License 09=Champus 10=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA)	Same as input.
201-B1	SERVICE PROVIDER ID	M	ID assigned to a pharmacy or provider.	x(15)	15		Same as input.
401-D1	DATE OF SERVICE	M	Identifies date the prescription was filled or professional service rendered.	9(8)	8		Same as input.

Response Status Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 20=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	21 = Response Status
112-AN	TRANSACTION RESPONSE STATUS	M	Code indicating the status of the transaction.	x(1)	1	A=Approved C=Captured D=Duplicate of Paid F=PA Deferred P=Paid Q=Duplicate of Capture R=Rejected S=Duplicate of Approved	R = Rejected
510-FA	REJECT COUNT	O	Count of 'Reject Code' (511-FB) occurrences.	9(2)	2		1 to 5
511-FB	REJECT CODE	O***R*** (up to 5)	Code indicating the error encountered.	x(3)	3	See NCPDP 5.1 Data Dictionary.	The two digit NCPDP reject code.
526-FQ	ADDITIONAL MESSAGE INFORMATION	O	Free text message.	x(1)- x(200)	200	Comments: The maximum length of field is 200 characters.	The first 25 bytes will be used to format the AEVCS four-digit error codes set on the claim, delimited by a space. This will be followed by a 40 byte message field indicating additional information.